

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027713

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

383
FILED JUL 26 1962

5655

137

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>Lawrence</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Greene</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Mt. Vernon</i>		c. CITY OR TOWN <i>Springfield</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. State Sanatorium</i>		d. STREET ADDRESS <i>1419 West Florida</i>	
3. NAME OF DECEASED (Type or print) First <i>Lloyd</i> Middle <i>Houston</i> Last <i>Shayhan</i>		4. DATE OF DEATH Month <i>7</i> Day <i>6</i> Year <i>62</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>8-13-96</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>Having Van</i>	11. BIRTHPLACE (City and state or country) <i>Park Co, Missouri</i>
13a. FATHER'S NAME <i>Noah Danell Shayhan</i>		13b. MOTHER'S MAIDEN NAME <i>Suella Abel</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT <i>Hospital record - Mo. S.S. Mt. Vernon, Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Tuberculosis, far Advanced</i> DUE TO (b) <i>Cancer</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>1 year + 4 month</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <i>2-15-62</i> to <i>7-6-62</i> and last saw her/him alive on <i>7-6-62</i> Death occurred at <i>3:05</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. Lewis Gates, M.D.</i>		22b. ADDRESS <i>Mo. State Sanatorium</i>	22c. DATE SIGNED <i>7-6-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>7-10-1962</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Nation #1 Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield MO</i>
24. FUNERAL DIRECTOR <i>Klingners</i>	ADDRESS <i>Springfield MO</i>	25. DATE RECD. BY LOCAL REG. <i>7-25-62</i>	26. REGISTRAR'S SIGNATURE <i>Ray Shantham / R</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

VS JUL 27 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Glen A Williams

Licensed Embalmer No. 4651

P. O. Address Springfield MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.